



EMPLOYEE INFORMATION CHANGE FORM

Name of Employer: _____

Employee Name: _____

Address Change: _____

Phone Number: _____

Work State: From _____ To _____

Workers Comp Code: From _____ To _____

Pay Rate Change: From _____ To _____

Job Title/Department: From _____ To _____

Payroll Deduction: Description _____ Amount _____

If applicable – Goal Amount _____

Other: _____

Change Effective: _____

Approved By: _____